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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CIP of 09/648,053 08/25/2000 ABN  
 and claims benefit of 60/227,711 08/24/2000  
 and claims benefit of 60/227,839 08/25/2000

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 10/15/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	MA	16	44	7
Verified and Acknowledged	Examiner's Signature	Initials			

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## TITLE

SAMPLE INTRODUCTION INTERFACE FOR ANALYTICAL PROCESSING

<b>FILING FEE RECEIVED</b> 1119	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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